

2019 LiveWELL Incentives: Healthy Weight Reward Exception Form

Employee ID# (Required)

(You can find your six-digit ID# by your name on your paycheck)

DEADLINE: This form must be received by LiveWELL by **October 4, 2019.**

Instructions: Ask your medical provider to complete the information below and email to LiveWELLRewards@AtriumHealth.org (photographs cannot be processed) or fax the completed form before the deadline to **704.446.1635.**

Reminders: Please retain your completed copy of this form or your fax confirmation until your incentive reward has been received. Check that this reward shows as **Achieved** in your Total Health Portal two weeks after sending this form.

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: ____mo/____day/____year Best Contact Number: _____

Work Location: _____ Department: _____

I am enrolled in a LiveWELL Health Plan (circle one): Yes No

Healthy Weight Reward Exception

(To be completed by your medical provider)

- ☐ **Underweight:** This patient is under my care and following my recommendations
- ☐ **Pregnancy:** My patient is currently pregnant or breastfeeding and weight loss is not advised*
- ☐ **Medical:** It is medically inadvisable for my patient to lose weight
- ☐ **Medical:** Due to the medical history of my patient, I consider their current weight to be healthy and do not recommend weight loss

I am the Primary Care Provider or OB/GYN for the Atrium Health teammate named above:

Today's Date: ____mo/____day/____year

Provider's Name (printed): _____

Provider's Signature: _____

Phone Number: _____ Practice Name/Location: _____

**Due to her pregnancy please also exempt my patient from the Know Your Numbers biometric tests (lipid panel & glucose) at this time*